

Idaho Council on Domestic Violence and Victim Assistance

Domestic Violence Offender Intervention Program

APPLICATION for NEW DIRECT SERVICE PROVIDER Cover Sheet

Date:	
Applicant Name:	Approved as TraineeYN
Agency/Organization Name:	
Program Supervisor Name:	
Telephone Number:	Email Address:
Mailing Address:	
City:	Zip Code:
Website Address:	
	Checklist
To be somewhate a many divert comit	
•	e provider application must include the following:
Program Cover Sheet/Chec	k List
Application Education Forn	1
Copy of Qualifying Degree	rom Accredited College/University
Copy of License(s)	
Continuing Education Docu	mentation
Current Criminal Backgrour approved by the Committee	nd Check (within 6 months) *Not applicable for applicants currently as a Trainee.
Signed Statement	
Provider Application Instructions	d as one complete application packet. Please refer to the Direct Servic and Information sheet for additional details.
By signing below, I acknowledge I have by the Offender Intervention Progra	ve reviewed this application and approve submittal to ICDVVA for consideration m Committee.
Program Supervisor Signature	

APPLICATION for DIRECT SERVICE PROVIDER

Education Documentation

Program Name:			
Direct Service Provider Name & Credentials:			
Requirements: (Please review Minimum Standards of	and/or the Applicatior	n Instructions for complete details)	
 Bachelor's degree required in counsel degree must be included in the application. Copy of current licensure. Minimum of 60 hours of education ob for renewing applicants or applicants certificates of completion. Minimum of 150 total hours of superv 	ation packet. otained within the currently approve	e previous 5 years for new ap ed as a Trainee. Please list a	plicants or 3 years
Name of Course or Program	Date(s)	Sponsor/Presenter	Total Hours
			
			
			
			
			

Direct Service Provider Education Documentation - Continued

Supervised Treatment Experience

Minimum of 75 hours of supervised direc	t treatment contact with offenders.	
Organization Providing Experience	Supervisor Name/Credentials/Contact Info	Total Hours
		
Minimum of 75 hours of supervised dir advocacy program.	ect contact with domestic violence victims thro	ugh an established
Organization Providing Experience	Supervisor Name/Credentials/Contact Info	Total Hours

APPLICATION for DIRECT SERVICE PROVIDER

Signed Statement

Program:		
Applicant Name:		
Have you ever been convicted of a felony or misdemeanor?	Yes	No
Have you even been convicted of a crime involving violence?	Yes	No
Have you ever been charged with a crime involving violence, moral, or sexual issues?		No
Have you ever received a deferred sentence or had judgment withheld for a crime involving violence, moral, or sexual issues?	Yes	No
Have you ever been charged with a professional ethics violation?	Yes	No
Have you ever been named as a defendant or respondent in any civil or criminal action with the allegation of the use of threatened or actual violence?	Yes	No
If you answered "yes" to any of the above questions, please explain:		
Any program staff has an ongoing duty to report, within 72 hours, to their a action in which they are named as defendant or respondent with the allegation to use violence. The agency shall forward information regarding the incided Domestic Violence and Victim Assistance within 72 hours of its notification.	on they used	or threatened
Signature:		
Date:		